

## Medical Control Guideline: TRANSCUTANEOUS PACING

### PRINCIPLES:

1. Transcutaneous Pacing (TCP) provides temporary external cardiac pacing for the treatment of symptomatic bradycardia.
2. TCP should not be initiated on patients in asystole.
3. Do not delay TCP for IV access if the patient has poor perfusion.
4. Strongly consider sedation for pacing discomfort. Refer to *TP 1212 or 1212-P, Cardiac Dysrhythmia - Bradycardia* for drugs and dosages.
5. All TCP equipment must be used and maintained in accordance with the manufacturer's guidelines.

### GUIDELINES:

1. Explain the procedure to the patient, family member, and/or caregiver.
2. Place pacing electrodes/pads and attach the pacing cable according to the manufacturer's guidelines.
3. For awake patients, provide sedation and analgesia unless contraindicated. Contraindications include RR < 10 for adults (for pediatrics < lower limit for color code on *MCG 1309*) or unresponsiveness.
4. Activate the pacing device, set the initial pacing rate at 70 beats per minute (bpm) and the current at zero milliamperes (mA). Slowly increase the mA until electrical and mechanical capture is achieved as evidenced by **a palpable pulse** that correlates with the paced heart rate on the monitor.
5. If the patient continues to exhibit signs and symptoms of poor perfusion, increase the rate by 10 bpm until adequate perfusion is achieved. Maximum rate is 100 bpm.